

UNITED STATES BANKRUPTCY COURT
DISTRICT OF UTAH

In re: Ryan A Shedd Elizabeth M Clark	Case No. 18-23876
Debtor(s).	Chapter 7
	Trustee:

AMENDMENT DECLARATION

Please circle or underline amended material when appropriate.

1. PETITION ☐ REOPENING: Yes ☐ No ☒ CONVERSION(13 to 7) Yes ☒ No ☐

When changing debtor's address, please file separate change of address form.

When amending, please submit the changes/additions only!

2. SCHEDULES: A ☐ B ☐ C ☐ D ☐ E ☐ F ☒ G ☐ H ☐ I ☐ J ☒

Are you changing the address, amounts, etc., or adding a creditor?

Changing ☐ **Adding** ☐ (\$31 amendment fee required for D, E, & F; OR ☐ IFP Waiver)

3. AMENDED COMP. STMT: ☒

4. STMT OF INTENT: ☒

5. FORM 122A CHAPTER 7: ☒

If you have amended schedules D, E, F by adding a creditor, you owe \$31.00 amendment fee. Fee attached _____

If schedules D, E, F were amended but no creditors added or adding a listed creditor's attorney, no fee necessary.

No fee attached ☐

Reason no fee is attached _____

It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added to the schedules/matrix.

A certificate of mailing to creditors should be filed with the Clerk's office (see below).

I declare under penalty of perjury that the information provided in this attached amendment is true and correct.

/s/ Ryan A Shedd

March 21, 2019

Ryan A Shedd

Date

Debtor

/s/ Elizabeth M Clark

March 21, 2019

Elizabeth M Clark

Date

Debtor

U.S. Trustee's Office and Trustee in the case supplied copies of amendment(s)? Yes ☒ No ☐

/s/ Andrew T. Curtis

Andrew T. Curtis

ATTORNEY FOR DEBTOR(S)

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the foregoing was mailed, postage prepaid, to creditors of this estate as follows (please mark the appropriate lines(s)):



341 Notice to creditors added by this amendment.



Discharge Notice to creditors added by this amendment.



Amended Chapter 13 Plan to all creditors.

March 21, 2019

DATED

/s/ Andrew T. Curtis

Andrew T. Curtis

ATTORNEY FOR DEBTOR(S)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF UTAH

Case number (if known)

18-23876

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Ryan

First name

A

Middle name

Bring your picture identification to your meeting with the trustee.

Shedd

Last name and Suffix (Sr., Jr., II, III)

Elizabeth

First name

M

Middle name

Clark

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Ryan Adam Shedd

Elizabeth Michelle Clark

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-9960

xxx-xx-4115

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☐ I have not used any business name or EINs.

☐ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**765 W. Revere Ridge Dr Apt #H9
Riverton, UT 84065**

Number, Street, City, State & ZIP Code

Salt Lake

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
☐ Yes.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
☐ Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

11. **Do you rent your residence?** ☐ No. Go to line 12.
☒ Yes. Has your landlord obtained an eviction judgment against you?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☐ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☐ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☐ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="radio"/> No. Go to line 16b. <input type="radio"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="radio"/> No. Go to line 16c. <input type="radio"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts

17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="radio"/> No. <input type="radio"/> Yes.	I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="radio"/> No <input type="radio"/> Yes
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18. How many Creditors do you estimate that you owe?	<input type="radio"/> 1-49 <input type="radio"/> 50-99 <input type="radio"/> 100-199 <input type="radio"/> 200-999	<input type="radio"/> 1,000-5,000 <input type="radio"/> 5001-10,000 <input type="radio"/> 10,001-25,000	<input type="radio"/> 25,001-50,000 <input type="radio"/> 50,001-100,000 <input type="radio"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="radio"/> \$0 - \$50,000 <input type="radio"/> \$50,001 - \$100,000 <input type="radio"/> \$100,001 - \$500,000 <input type="radio"/> \$500,001 - \$1 million	<input type="radio"/> \$1,000,001 - \$10 million <input type="radio"/> \$10,000,001 - \$50 million <input type="radio"/> \$50,000,001 - \$100 million <input type="radio"/> \$100,000,001 - \$500 million	<input type="radio"/> \$500,000,001 - \$1 billion <input type="radio"/> \$1,000,000,001 - \$10 billion <input type="radio"/> \$10,000,000,001 - \$50 billion <input type="radio"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="radio"/> \$0 - \$50,000 <input type="radio"/> \$50,001 - \$100,000 <input type="radio"/> \$100,001 - \$500,000 <input type="radio"/> \$500,001 - \$1 million	<input type="radio"/> \$1,000,001 - \$10 million <input type="radio"/> \$10,000,001 - \$50 million <input type="radio"/> \$50,000,001 - \$100 million <input type="radio"/> \$100,000,001 - \$500 million	<input type="radio"/> \$500,000,001 - \$1 billion <input type="radio"/> \$1,000,000,001 - \$10 billion <input type="radio"/> \$10,000,000,001 - \$50 billion <input type="radio"/> More than \$50 billion
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Part 7: Sign Below

<p>For you</p> <p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p> <p><u>/s/ Ryan A Shedd</u> Ryan A Shedd Signature of Debtor 1</p> <p>Executed on <u>March 21, 2019</u> MM / DD / YYYY</p>	<p><u>/s/ Elizabeth M Clark</u> Elizabeth M Clark Signature of Debtor 2</p> <p>Executed on <u>March 21, 2019</u> MM / DD / YYYY</p>
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Andrew T. Curtis

Signature of Attorney for Debtor

Date

March 21, 2019

MM / DD / YYYY

Andrew T. Curtis

Printed name

Lincoln Law Center, LLC

Firm name

921 West Center

Orem, UT 84057

Number, Street, City, State & ZIP Code

Contact phone **801-224-8282**

Email address

help@lincolnlaw.com

13681 UT

Bar number & State

Fill in this information to identify your case:

Debtor 1 Ryan A Shedd
 First Name Middle Name Last Name

Debtor 2 Elizabeth M Clark
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF UTAH

Case number 18-23876
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Aargon Agency, Inc Nonpriority Creditor's Name 8668 Spring Mountain Rd Las Vegas, NV 89117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>7562</u> Opened: 03/16 Balance date: 05/18 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Collection From: Medical Payment Data</u>
		\$1,587.00

Debtor 1 **Ryan A Shedd**
 Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.2	Anatomic Path Associates Nonpriority Creditor's Name 5700 Southwiyck Blvd Toledo, OH 43614 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>6831</u> When was the debt incurred? <u>8/28/17</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Medical</u>	\$60.67
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4.3	Capitalone Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>5797</u> When was the debt incurred? <u>Opened: 02/16 Last active: 06/17</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Credit Card</u>	\$806.00
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4.4	Chase Bank Nonpriority Creditor's Name 800 Brooksedge Blvd Westerville, OH 43081 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>8222</u> When was the debt incurred? <u>10/24/17</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Consumer Debt</u>	\$1,496.60
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.5

Children's Hospital of Orange County

Nonpriority Creditor's Name

**1201 W La Veta Ave
Orange, CA 92868-4203**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3425**

\$641.00

When was the debt incurred? **3/14/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

4.6

Collection Bureau of America

Nonpriority Creditor's Name

**25954 Eden Landing Rd
Hayward, CA 94545**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0043**

\$323.00

When was the debt incurred? **Opened: 01/13 Balance date: 05/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection From: Ds Services of America Inc**

4.7

Comenitycb/Davidsbride

Nonpriority Creditor's Name

**PO Box 182120
Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0300**

\$0.00

When was the debt incurred? **Opened: 07/13 Last active: 05/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Charge Account**

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.8	Commonwealth Financial <small>Nonpriority Creditor's Name</small> 245 Main St Dickson City, PA 18519 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input checked="" type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 88N1 Opened: 12/17 Balance date: 04/18 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input type="radio"/> Other. Specify Collection From: Medical Payment Data	\$919.00
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4.9	Commonwealth Financial <small>Nonpriority Creditor's Name</small> 245 Main St Dickson City, PA 18519 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 89N1 Opened: 12/17 Balance date: 04/18 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input type="radio"/> Other. Specify Collection From: Medical Payment Data	\$73.00
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4.10	Convergent Business Solutions, LLC <small>Nonpriority Creditor's Name</small> 2081 Jacob Drive Santa Clara, UT 84765 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 9780 When was the debt incurred? 2/3/2014 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input type="radio"/> Other. Specify Consumer Debt	\$235.08
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.1 1	Credit Collection Services Nonpriority Creditor's Name Two Wells Avenue Newton Center, MA 02459 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 9083 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Consumer Debt	\$384.55
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4.1 2	Credit Collection Services Nonpriority Creditor's Name 725 Canton ST Norwood, MA 02062 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 3203 When was the debt incurred? 3/19/18 _____ As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Consumer Debt	\$311.91
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4.1 3	Credit Collection Services Nonpriority Creditor's Name 725 Canton Street Norwood, MA 02062 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 3930 When was the debt incurred? 6/18/17 _____ As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Consumer Debt	\$111.04
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.1 4	Credit One Bank Na Nonpriority Creditor's Name PO Box 98875 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 8780 When was the debt incurred? Opened: 07/15 Last active: 06/16 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Credit Card Sold to: Lvnv Funding LLC	\$695.85
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4.1 5	Cricket Wireless Nonpriority Creditor's Name 180 W Center Street Unit F Orem, UT 84057 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 9960 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Consumer Debt	\$60.00
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4.1 6	Delta Dental of California Nonpriority Creditor's Name PO Box 997330 Sacramento, CA 95899-7330 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 9003 When was the debt incurred? 12/17/15 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Medical	\$270.00
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.1 7	Desert View Emergency Physicians Nonpriority Creditor's Name PO Box 7279 Philadelphia, PA 19101-7279 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 5371 When was the debt incurred? 2/14/14 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Medical	\$573.00
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4.1 8	Emergency Medicine Spec of Orange County Nonpriority Creditor's Name PO Box 690 Long Beach, CA 90801-0690 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 9000 When was the debt incurred? 5/12/17 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Medical	\$1,359.00
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4.1 9	Emergency Physician Statement Nonpriority Creditor's Name Po Box 96398 Oklahoma City, OK 73143 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 7111 When was the debt incurred? 4/13/2018 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Medical	\$883.00
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.2 0	Enhanced Recovery Company Nonpriority Creditor's Name PO Box 1259 Oaks, PA 19456 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>9960</u> When was the debt incurred? <u>9/22/2014</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Consumer Debt</u>	\$695.30
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4.2 1	Everest Receivable Services Nonpriority Creditor's Name 5165 Broadway #112 Depew, NY 14043 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>6TH7</u> When was the debt incurred? <u>7/20/2015</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Consumer Debt</u>	\$976.15
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4.2 2	Flex Shopper Nonpriority Creditor's Name 4724 Okeechobee Blvd West Palm Beach, FL 33417 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>9960</u> When was the debt incurred? <u>2018</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Consumer Debt</u>	\$800.00
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.2 3	Inpamani S Arul M.D., Inc Nonpriority Creditor's Name 5700 Southwyck Blvd Toledo, OH 43614-1509 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>6227</u> When was the debt incurred? <u>4/22/15</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Medical</u>	\$183.60
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4.2 4	iQuantified Management Services Nonpriority Creditor's Name 2821 S Parker Rd Aurora, CO 80014 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>0222</u> When was the debt incurred? <u>2018</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Consumer Debt</u>	\$46.00
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4.2 5	Kay Jewelers Nonpriority Creditor's Name 375 Ghent Rd Fairlawn, OH 44333 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>4244</u> When was the debt incurred? <u>Opened: 02/13 Last active: 06/14</u> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Charge Account Sold to: National Credit Adjustors</u>	Unknown
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.2 6	Key Bank <hr/> Nonpriority Creditor's Name 348 E 12300 S Draper, UT 84020 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>9960</u> \$2,600.00 <hr/> When was the debt incurred? <u>2018</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Consumer Debt</u>
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4.2 7	Kohls/Capone <hr/> Nonpriority Creditor's Name N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input checked="" type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>9445</u> \$623.00 <hr/> When was the debt incurred? <u>Opened: 07/15 Last active: 04/16</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Charge Account</u>
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4.2 8	Lone Peak Hospital <hr/> Nonpriority Creditor's Name PO Box 290429 Nashville, TN 37229 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number <u>4339</u> \$906.41 <hr/> When was the debt incurred? <u>4/19/2018</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify <u>Medical</u>
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**Case number (if known) **18-23876**4.2
9**Lvnv Funding LLC**

Nonpriority Creditor's Name

Last 4 digits of account number **6057****\$695.00****PO Box 1269
Greenville, SC 29602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesWhen was the debt incurred? **Opened: 02/17 Balance date: 05/18****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify **Unknown Loan Type From: Credit One Bank N.A.**4.3
0**Maverik**

Nonpriority Creditor's Name

**185 S State St, Ste 800
Salt Lake City, UT 84111**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9960****\$88.87**When was the debt incurred? **2018****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify **Consumer Debt**4.3
1**Midland Funding**

Nonpriority Creditor's Name

**2365 Northside Dr Ste 30
San Diego, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **2865****\$405.00**When was the debt incurred? **Opened: 10/16 Balance date: 05/18****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify **Unknown Loan Type From: Comenity Bank**

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.3 2	Mountain Land Collections, Inc Nonpriority Creditor's Name PO Box 1280 American Fork, UT 84003-6280 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 0710 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Medical	\$432.43
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4.3 3	Mountain Point Medical Center Nonpriority Creditor's Name P.O. Box 271570 Salt Lake City, UT 84127-1570 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 8307 When was the debt incurred? 1/30/2018 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Medical	\$2,589.41
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4.3 4	National General Insurance Nonpriority Creditor's Name PO Box 3199 Winston Salem, NC 27102-3199 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 9960 When was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Consumer Debt	Unknown
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**Case number (if known) **18-23876**

4.3 5	NPAS Nonpriority Creditor's Name PO Box 99400 Louisville, KY 40269 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 7520 \$1,238.52 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Medical
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4.3 6	Palmdale Regional Medical Center Nonpriority Creditor's Name 8668 Spring Mountain Rd Las Vegas, NV 89117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 7794 \$150.00 When was the debt incurred? 11/30/13 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Medical
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4.3 7	Portfolio Recovery Associates Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input checked="" type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 7394 \$1,043.00 When was the debt incurred? Opened: 06/17 Balance date: 05/18 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Unknown Loan Type From: Comenity Capital Bank
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.3
8

Progressive Leasing

Last 4 digits of account number **6165** **\$270.66**

Nonpriority Creditor's Name

256 W Data Dr

When was the debt incurred? **2018**

Draper, UT 84020

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **Consumer Debt**

4.3
9

Schools First Credit Union

Last 4 digits of account number **6901** **\$841.03**

Nonpriority Creditor's Name

1201 W Rancho Vista Blvd

When was the debt incurred? **2018**

Palmdale, CA 93551

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **Consumer Debt**

4.4
0

Southern California Edison Company

Last 4 digits of account number **8254** **\$238.00**

Nonpriority Creditor's Name

2131 Walnut Grove Ave

Opened: 11/16 Balance date:

Rosemead, CA 91770

When was the debt incurred? **10/17**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☒ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **Unknown Loan Type**

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.4
1

Southern Cascades Finance Corporation

Nonpriority Creditor's Name

PO Box 70

Medford, OR 97501-0005

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5018**

\$2,498.88

When was the debt incurred? **5/11/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

4.4
2

Southwest Credit System

Nonpriority Creditor's Name

**4120 International Pkwy
Carrollton, TX 75007**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0838**

\$492.00

When was the debt incurred? **Opened: 11/17 Balance date: 05/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection From: At T Universe**

4.4
3

State Farm Insurance

Nonpriority Creditor's Name

**One State Farm Plaza
Bloomington, IL 61710**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9960**

Unknown

When was the debt incurred? **Unknown**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

4.4 4	Target Nonpriority Creditor's Name Po Box 673 Minneapolis, MN 55440 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 3741 When was the debt incurred? 6/16/2014 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Consumer Debt	\$3.89
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4.4 5	Verizon Wireless Nonpriority Creditor's Name PO Box 650051 Dallas, TX 75265 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input checked="" type="radio"/> Debtor 2 only <input type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 5520 When was the debt incurred? Opened: 11/13 Balance date: 04/18 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Unknown Loan Type	\$2,256.00
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4.4 6	Xfinity Nonpriority Creditor's Name 9602 S 300 W Ste B Sandy, UT 84070 Number Street City State Zip Code Who incurred the debt? Check one. <input type="radio"/> Debtor 1 only <input type="radio"/> Debtor 2 only <input checked="" type="radio"/> Debtor 1 and Debtor 2 only <input type="radio"/> At least one of the debtors and another <input type="radio"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="radio"/> No <input type="radio"/> Yes	Last 4 digits of account number 5352 When was the debt incurred? 5/5/2018 As of the date you file, the claim is: Check all that apply <input type="radio"/> Contingent <input type="radio"/> Unliquidated <input type="radio"/> Disputed Type of NONPRIORITY unsecured claim: <input type="radio"/> Student loans <input type="radio"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="radio"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="radio"/> Other. Specify Consumer Debt	\$447.10
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

Name and Address

Convergent
800 SW 39th St
Renton, WA 98057

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Farmers Insurance Group
1051 Broadway STE E
Sonoma, CA 95476

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Geico Insurance
One Geico Plaza
Bethesda, MD 20810-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Global Receivables Solutions
PO Box 790113
Saint Louis, MO 63179

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Lone Peak Anesthesia
PO Box 3810
Salt Lake City, UT 84110

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Midland Credit Management
2365 NorthSide Dr. Suite 300
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Northland Group
PO Box 129
Thorofare, NJ 08086-0129

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Quinn M Kofford
43 N 470 W
American Fork, UT 84003

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

T-Mobile
1316 S University Ave
Provo, UT 84601

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Wells Fargo Bank
PO Box 14517
Des Moines, IA 50306

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1			Total Claim	
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00			
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00			
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00			
	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: right;">Total Claim</td> </tr> <tr> <td>6f. Student loans</td> <td>6f. \$ 0.00</td> </tr> </table>			Total Claim		6f. Student loans
Total Claim						
6f. Student loans	6f. \$ 0.00					
Total claims from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00			
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00			
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	31,309.95			
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	31,309.95			

Fill in this information to identify your case:

Debtor 1 Ryan A Shedd

Debtor 2 Elizabeth M Clark
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF UTAH

Case number 18-23876
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☐ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

3

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,045.00 \$989

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	70.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	100.00
6d. Other. Specify: _____	6d. \$	0.00

7. Food and housekeeping supplies

7. \$ **501.00**

\$512

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 50.00

10. Personal care products and services

10. \$ 50.00

11. Medical and dental expenses

11. \$ **45.00**

\$50

12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments.

12. \$ 200.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 50.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	150.00
15d. Other insurance. Specify: _____	15d. \$	0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$	400.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00

\$0

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify: _____

19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00

21. Other: Specify: _____

21. +\$ 0.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
22c. Add line 22a and 22b. The result is your monthly expenses.

\$	2,661.00
\$	
\$	2,661.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.
23b. Copy your monthly expenses from line 22c above.

23a. \$	2,661.00
23b. -\$	2,661.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$	0.00
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24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here: **Debtors have estimated their car payment above. They expect to finance the purchase of a vehicle.**

Fill in this information to identify your case:			
Debtor 1	Ryan A Shedd		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Elizabeth M Clark		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF UTAH			
Case number (if known)	18-23876		

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

☐ creditors have claims secured by your property, or

☐ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Southern Cascades Finance Corporation	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="radio"/> No <input checked="" type="radio"/> Yes
Description of property securing debt: 2014 Toyota Corolla Sedan 4D LE Eco I4 89,000 miles Value per NADA.com Clean Retail		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Beacon Hill	<input type="radio"/> No <input checked="" type="radio"/> Yes
Description of leased Property: Residential Lease	

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

Lessor's name: **Xfinity**

☐ No

☐ Yes

Description of leased Property: **Cell Phone**

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Ryan A Shedd

Ryan A Shedd

Signature of Debtor 1

X /s/ Elizabeth M Clark

Elizabeth M Clark

Signature of Debtor 2

Date **March 21, 2019**

Date **March 21, 2019**

Fill in this information to identify your case:

Debtor 1 Ryan A Shedd
 Debtor 2 Elizabeth M Clark
 (Spouse, if filing)
 United States Bankruptcy Court for the: District of Utah
 Case number 18-23876
 (if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. **What is your marital and filing status?** Check one only.
- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>3,656.66</u>	\$ <u>0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
7. Interest, dividends, and royalties	\$ <u>0.00</u>	\$ <u>0.00</u>

Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you _____ \$ 0.00 For your spouse _____ \$ 0.00	\$ 0.00	\$ 0.00
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. _____ _____ Total amounts from separate pages, if any.	\$ 0.00 \$ 0.00 + \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 3,656.66	+ \$ 0.00 = \$ 3,656.66 <small>Total current monthly income</small>

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 _____ **Copy line 11 here=>** \$ **3,656.66**

Multiply by 12 (the number of months in a year) x 12

12b. The result is your annual income for this part of the form 12b. \$ **43,879.92**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. **UT**

Fill in the number of people in your household. **3**

Fill in the median family income for your state and size of household. 13. \$ **76,707.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

<p>X /s/ Ryan A Shedd _____ Ryan A Shedd Signature of Debtor 1</p> <p>Date March 21, 2019 _____ MM / DD / YYYY</p> <p>If you checked line 14a, do NOT fill out or file Form 122A-2.</p> <p>If you checked line 14b, fill out Form 122A-2 and file it with this form.</p>	<p>X /s/ Elizabeth M Clark _____ Elizabeth M Clark Signature of Debtor 2</p> <p>Date March 21, 2019 _____ MM / DD / YYYY</p>
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Debtor 1 **Ryan A Shedd**
Debtor 2 **Elizabeth M Clark**

Case number (if known) **18-23876**

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **09/01/2018** to **02/28/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Jenson Refrigeration Inc**

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$33,154.84** from check dated **8/31/2018** .

Ending Year-to-Date Income: **\$46,473.88** from check dated **12/31/2018** .

This Year:

Current Year-to-Date Income: **\$8,620.92** from check dated **2/28/2019** .

Income for six-month period (Current+(Ending-Starting)): **\$21,939.96** .

Average Monthly Income: **\$3,656.66** .

United States Bankruptcy Court
District of Utah

In re Ryan A Shedd
Elizabeth M Clark

Debtor(s)

Case No. 18-23876
Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,677.17</u>
Prior to the filing of this statement I have received	\$	<u>2,677.17</u>
Balance Due	\$	<u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
- Our firm sometimes hires outside special counsel to specially appear at 341 and other hearings. When this occurs we pay the outside special counsel \$50.00 -\$150.00 per hearing. The debtors are never charged any extra fees as a result of the special appearance.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements, any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 21, 2019

Date

/s/ Andrew T. Curtis

Andrew T. Curtis

Signature of Attorney

Lincoln Law Center, LLC

921 West Center

Orem, UT 84057

801-224-8282 Fax: 800-584-6826

help@lincolnlaw.com

Name of law firm

UNITED STATES BANKRUPTCY COURT
DISTRICT OF UTAH

In re: **Ryan A Shedd**
Elizabeth M Clark

Debtor(s).

Case No. **18-23876**

Chapter **7**

Trustee:

AMENDED MATRIX

\$31 Fee Required

☐ IFP Waiver

File amended matrix with ONLY the amended creditors. File separate change of address form to change the debtor's address. Fee required except for change of address or adding attorney for listed creditor. Conversion? (13 to 7) ☒ Yes ☐ No.

It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added. A certificate of mailing should be filed with the Clerk's office (see below). If adding more than eight (8) creditors, attach a scannable list to this cover sheet rather than beginning the list on this page. The scannable list needs to be in Courier 10 pitch, Prestige Elite or Letter Gothic fonts and contain no more than four (4) lines per creditor address.

Matrix: Adding ☒ Correcting ☐ Deleting ☐

Please type the creditors' address(es) changes/additions below:

- 1) **iQuantified Management Services**
2821 S Parker Rd
Aurora, CO 80014
- 2) **Lone Peak Anesthesia**
PO Box 3810
Salt Lake City, UT 84110
- 3) **Mountain Land Collections, Inc**
PO Box 1280
American Fork, UT 84003-6280
- 4) **NPAS**
PO Box 99400
Louisville, KY 40269
- 5) **Quinn M Kofford**
43 N 470 W
American Fork, UT 84003

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the foregoing was mailed, postage prepaid, to the creditors added to this estate as follows (please mark the appropriate lines(s)):

☒ 341 Notice ☐ Discharge Notice ☐ Plan/Amended Plan

March 21, 2019

DATE

/s/ Andrew T. Curtis

Andrew T. Curtis

ATTORNEY FOR DEBTOR(S)